

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/30/2013	
NAME OF PROVIDER OR SUPPLIER BERKSHIRE OF CASTLETON				STREET ADDRESS, CITY, STATE, ZIP CODE 8480 CRAIG ST INDIANAPOLIS, IN 46250			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates : April 29 and 30, 2013</p> <p>Facility number : 009894 Provider number : N/A AIM number : N/A</p> <p>Survey team : Michelle Hosteter, RN, TC Janet Stanton, RN Gloria Bond, RN</p> <p>Census bed type: Residential : 135 Total : 135</p> <p>Census payor type: Other : 135 Total : 135</p> <p>Sample : 11</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review was completed by Tammy Alley RN on May 7, 2013.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000051	<p>410 IAC 16.2-5-1.2(u) Residents' Rights - Offense (u) Residents have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident 's medical symptoms.</p> <p>Based on observation, interview and record review, the facility failed to ensure that 5 of 5 residents reviewed, who were living on the locked Terrace unit, were not restrained by being moved to that unit. This deficiency had the potential to impact 21 of 21 residents living on that unit. (Residents #6, #7, #10, #16, and #21)</p> <p>Findings include:</p> <p>In an interview during the entrance conference on 4/29/13 at 9:45 A.M., the Administrator indicated the Terrace unit was a locked unit, requiring a code be entered into a key pad at all entrances and exits. She indicated the unit was not designated as an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview during the initial orientation tour on 4/29/13 at 10:00 A.M., the Health and Wellness Director indicated 7 of the 21 residents residing on the Terrace unit used wheelchairs for mobility. The other 14 residents were ambulatory.</p>	R000051	<p>Berkshire of Castleton addendum responses for annual survey: 4-30-13</p> <p>Addendum request R 51: Can all residents residing on the Terrace Unit utilize the keypad with the appropriate code to exit the unit? Response: Because not all residents living on the Terrace area are able to manage a keypad for exit, we have decided to unlock the door, allowing access to the remainder of the community.</p> <p>Addendum to R51: How were all the residents assessed to ensure they could exit the unit at will by the use of the keypad? Response: The Personal Service Assessment will be utilized for all residents in the community, as it addresses all physical and cognitive issues related to resident care and services. Because the unit will no longer be locked, no additional assessment will be required.</p> <p>Addendum to R51: For residents residing on the Terrace unit who cannot utilize the keypad, have they been assessed for a locked unit with appropriate physician</p>		05/29/2013		

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	<p>She indicated 3 of the residents could be interviewed, but each had some level of forgetfulness or confusion.</p> <p>In an interview on 4/30/13 at 10:15 A.M., the Administrator indicated residents were moved to the Terrace unit when their level of needs increased, and a change in condition required a higher level of assistance by staff. She indicated the "biggest" change was usually one of developing or increasing incontinence or transferring (in and out of bed, in and out of a wheelchair). The Terrace unit had a higher staffing ratio to be able to provide this assistance.</p> <p>In the interview, the Administrator indicated there was no reason the unit had to be locked--"It's always been locked." As far as she was aware, the unit had never been designated an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview on 4/30/13 at 11:15 A.M., the Administrator indicated she hadn't really thought about the unit being locked, because it had been that way since she was first employed at the facility.</p> <p>The clinical records for 5 of the residents living on the unit indicated</p>		<p>orders, assessment and service plans to reflect this? Response: No additional assessment for a locked unit will be required, because the residents now have access to other areas of the community without having to utilize a code. Physician orders will be obtained for transferring residents to the Terrace, as a higher level of care needs can be met in the smaller environment.</p> <p>Addendum to R51: How often will the residents on The Terrace unit be evaluated on the ability to utilize the keypad and exit the unit at will? Response: No additional assessment for a locked unit will be required, because the residents now have access to other areas of the community without having to utilize a code. The following is the Plan of Correction for Berkshire of Castleton in regards to the Statement of Deficiencies for the annual survey completed on 4-30-13. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to</p>				

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	<p>the following:</p> <p>A. The clinical record for Resident #6 was reviewed on 4/29/13 at 10:50 A.M. The resident was originally admitted to the "independent" area of the facility on 4/19/09. Diagnoses included, but were not limited to, dementia, Parkinson's disease, depression, and benign prostatic hypertrophy (enlarged prostate).</p> <p>The weight log documentation indicated the resident had been in his room on the Terrace unit since at least 4/18/12.</p> <p>A physician's order for the resident's transfer to the locked unit was not found.</p> <p>In January, 2013, the resident was sent to an acute care hospital emergency room following a mental status change and a fall. He was transferred to another facility to receive rehabilitation, and returned on 3/23/13. He subsequently sustained 4 falls without injury. An alarm and other interventions were implemented.</p> <p>A Service Plan, dated 3/29/13, indicated the resident required the physical assistance of staff for</p>		<p>identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective. R_051 Resident RightsWhat corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? · Residents #6, #7, #10, #16, and #21: The Terrace area of the community now has the code posted at the door to allow entrance and egress from the Terrace area into the remainder of the community, to allow intra-community movement at the discretion of the resident. · Residents #6, #7, #10, #16 and #21: Personal Service Assessments and Personal Service Plans have been updated by a licensed nurse to include documentation and data correction information regarding the need for these individuals to reside on the Terrace, based on the care needs identified on the assessment. · Residents #6, #7, #10, #16, and #21: Physician orders were obtained to reflect their appropriateness to reside on the Terrace area of the community. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice</p>				

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	<p>bathing, dressing, transferring, and toileting. The resident was identified as incontinent of both bowel and bladder. He required the use of a wheelchair, and the assistance of 2 staff for transfers.</p> <p>There was no indication on the Service Plan why the resident was required to live on a locked unit.</p> <p>B. The clinical record for Resident #7 was reviewed on 4/30/13 at 8:30 A.M. The resident and a family member were both admitted to the same apartment in the "independent" area of the building on 2/28/13. Diagnoses included, but were not limited to, depression and senile dementia-Alzheimer's type.</p> <p>A Nurse's Note, dated 3/9/13, indicated the resident was alert and oriented to time, place, and person.</p> <p>Between 3/11 and 3/22/13, the resident was found outside the building 3 times--once across the street from the building, once in the parking lot, and once coming back in the front door. The first 2 times, door alarms had alerted the staff that someone had exited from the building. On 3/24/13, another family member came and stayed in the</p>		<p>and what corrective action will be taken? Other residents with the potential to be affected by the alleged deficient practice currently reside on the Terrace. The Terrace area of the community is, by plan, an area where the staffing ratio is higher than the rest of the AL community, and where there is a designated licensed nurse present to provide med administration communicate with the physician on behalf of the resident, certified nursing assistants present to supervise and assist with ADL care and dining needs, as well as Optimum Life Programming available, in order to better meet the physical and cognitive needs of residents who may not function as highly in the larger population of this AL community. This 23 apartment area is available to allow a higher level of success to residents who desire to move-in or remain in the assisted living community of their choice and preference, and is not designed to restrain or restrict their ability to visit and participate in activities in any other area of the community. The entire community is licensed as an Assisted Living (Licensed Residential) community, consisting of 139 total apartments (23 of these licensed AL apartments are on The Terrace), and with a capacity to provided residence to up to 175 individuals. All residents who</p>				

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	<p>apartment.</p> <p>In an interview on 4/30/13 at 10:00 A.M., LPN #1 indicated the resident had been moved to the locked unit on 3/28/13.</p> <p>A physician's order for the move to the locked unit was not found.</p> <p>On 4/29 and 4/30/13, the resident was observed to walk freely around the unit on her own. On 4/29/13 at 3:00 P.M., the resident was observed getting ready to leave the facility with the family member for an outing. She stood at the unit exit door, and requested someone (staff) to assist her in opening the exit door (because it required a code to be entered on the key pad). On 4/30/13 at 10:00 A.M., the resident was observed standing at the Nurse's Station on the unit. She had a notebook and pen, and was asking the nurse about whether or not the facility had a swimming pool, and if she was taking different vitamins. After asking and getting the answer, she would ask other questions, and then come back to the same questions, again asking about a pool and vitamins. She appeared to be writing the information down in her notebook, but would repeat the same questions several</p>		<p>live within the community pay privately, and sign residency agreements at the time of move-in, advising them of their rights and terms or residency, as well as charges involved in their personal care, if any is required. At no time is a decision ever made to move or relocate any resident without proper assessment, consultation with a physician, and the consent of the legally responsible party, unless the health or safety of the resident is at risk. · Please note: There is no area of this community designated as an "independent living area", as indicated in the survey finding (in italics added by the surveyor, page 6 of 19).· While some residents who reside on the Terrace, (as well as other areas of the Assisted Living Community) may be wheelchair-bound, as indicated by the survey findings, additional escort help is available to those who request and/or require this service, and is addressed on their personal service plans.· The Terrace area of the community now has the code posted at the door to allow entrance and egress from the Terrace area into the remainder of the community, to allow intra-community movement at the discretion of the resident. · Personal Service Assessments and Personal Service Plans for all Terrace residents have been updated by a licensed nurse to</p>				

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	<p>times.</p> <p>C. The clinical record for Resident #10 was reviewed on 4/30/13 at 9:15 A.M. The resident was originally admitted to the "independent" area of the facility on 2/22/10. Diagnoses included, but was not limited to, coronary heart disease, diabetes, history of urinary tract infections, and cystocele.</p> <p>A nurse's note, dated 1/14/13, indicated "Resident attempting to cook on stove." A note dated 2/11/13 indicated "Call to [family member] to discuss possible move to Terrace...."</p> <p>The resident was moved to the locked unit on 2/22/13.</p> <p>A physician's order for the move to the locked unit was not found. The April, 2013 physician order recap (recapitulation) sheet had a hand-written addition of "Change room number to [her current room number on Terrace was listed]."</p> <p>A Service Plan, dated 2/7/13, included "... Does not require bathroom assistance; Independent going to and from dining room or community activities...."</p>		<p>include documentation of their specific needs that are able to be better met by residing on the Terrace area of the AL.</p> <p>Physician orders were obtained to reflect their appropriateness to reside on the Terrace area of the community. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <p>Residents will continue to be assessed by the licensed prior to move-in, within 14-30 days of move-in, every 6 months, and with condition change, as per existing policy. At the time of each assessment, the resident, designated responsible parties, and physician will be notified if there is a potential resident care need which could be better addressed on the Terrace area of the community. A Collaborative Care meeting will take place twice monthly with members of the interdisciplinary team to review residents for changes in condition, which may warrant a change to the Personal Service Plan, which would include a resident transfer. In the event a transfer is necessary from one area of the community to another distinct area of the AL community, transfer orders will be obtained from the physician and resident and/or responsible party will be informed of the findings and the need for a change to the Personal Service Plan. The licensed</p>				

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	<p>There was no indication on the Service Plan why the resident was required to live on a locked unit.</p> <p>D. The clinical record for Resident #16 was reviewed on 4/29/13 at 1:20 P.M. The resident was originally admitted to the "independent" area of the facility on 8/27/11. Diagnoses included, but were not limited to, rheumatoid arthritis, osteoporosis, hearing loss, macular degeneration, dysphagia, lumbar scoliosis, bladder spasms, and senile dementia-Alzheimer's type.</p> <p>A Dietary Progress note, dated 11/13/12, indicated "Admit from Manor [the independent living area] to Terrace 8/7/12 with Hospice services."</p> <p>A physician's order for the move to a locked unit was not found.</p> <p>A Service Plan, dated 2/7/13, indicated the resident required physical assistance from staff for bathing, dressing, toileting, and assistance to the dining room and community activities. There was no indication on the Service Plan why the resident was required to live on a locked unit.</p>		<p>nurse will be responsible for completion of the appropriate transfer paperwork for intra-community transfers and any necessary notifications. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? The Executive Director, and other members of the interdisciplinary team, will meet twice monthly in an ongoing manner to review residents for changes in condition and to determine the most appropriate interventions to the Personal Service Plan to meet the needs of the individual resident.</p>				

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	<p>On 4/29/13 at 1:10 P.M., the resident was observed sitting in a wheelchair in the dining room following the lunch meal. A staff person came and propelled her in her wheelchair back to her room, and assisted her to transfer to sit in a recliner.</p> <p>E. The clinical record for Resident #21 was reviewed on 4/29/13 at 2:00 P.M. The resident was originally admitted to the "independent" area of the facility on 5/4/12. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, diabetes, dysphagia, glaucoma, and hearing loss.</p> <p>A nurse's note, dated 11/2/12 indicated "This writer observed resident eloping without his walker going down stairs by his room. He was redirected by writer...." A note dated 11/2/12 indicated "Spoke with [legal representative] regarding probable move to Terrace due to resident increase in confusion and wandering."</p> <p>A note dated 11/6/12 indicated "Transferred to [the apartment number on Terrace was listed]"</p> <p>A physician's order for the move to a locked unit was not found.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	On 4/29 and 4/30/13, the resident was observed ambulating with a walker from his room to the dining room and back several times. His room was located at the end of one hall and next to an exit door to the outside. A key pad to enter a code for exit was located on the wall next to the door.						

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R000091	<p>410 IAC 16.2-5-1.3(h)(1-4) Administration and Management - Noncompliance (h) The facility shall establish and implement a written policy manual to ensure that resident care and facility objectives are attained, to include the following: (1) The range of services offered. (2) Residents' rights. (3) Personnel administration. (4) Facility operations. The policies shall be made available to residents upon request.</p> <p>Based on interview and record review, the facility failed to establish and implement a written policy and procedure, related to admittance to the locked Terrace unit. This deficiency had the potential to impact 21 of 21 residents living on the Terrace unit.</p> <p>Findings include:</p> <p>In an interview during the entrance conference on 4/29/13 at 9:45 A.M., the Administrator indicated the Terrace unit was a locked unit, requiring a code be entered into a key pad at all entrances and exits. She indicated the unit was not designated as an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview during the initial orientation tour on 4/29/13 at 10:00 A.M., the Health and Wellness</p>	R000091	<p>Addendum to R 91: The policy in the POC does not reflect criteria for a resident who is unable to utilize the keypad system. Is there a policy or plan for those residents? Response: No additional policy or plan will be required because a code is no longer required to exit to the rest of the community. The Personal Service Assessment currently in use will continue to be utilized prior to move-in, upon move-in, within 14-30 days after move-in, every 6 months and/or with a condition change. R_091 Administration and ManagementWhat corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? The community has an established written policy manual to ensure that resident care and facility objectives are attained, as required by Indiana regulations. The "Brookdale Senior Living Assisted Living Policy and</p>		05/29/2013		

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	<p>Director indicated 7 of the 21 residents residing on the Terrace unit used wheelchairs for mobility. The other 14 residents were ambulatory. She indicated 3 of the residents could be interviewed, but each had some level of forgetfulness or confusion.</p> <p>In an interview on 4/30/13 at 10:15 A.M., the Administrator indicated residents were moved to the Terrace unit when their level of needs increased, and a change in condition required a higher level of assistance by staff. She indicated the "biggest" change was usually one of developing or increasing incontinence or transferring (in and out of bed, in and out of a wheelchair). The Terrace unit had a higher staffing ratio to be able to provide this assistance.</p> <p>In the interview, the Administrator indicated there was no reason the unit had to be locked--"It's always been locked." As far as she was aware, the unit had never been designated an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview on 4/30/13 at 11:15 A.M., the Administrator indicated she hadn't really thought about the unit being locked, because it had been that way since she was first employed</p>		<p>Procedure Manual" contains the "Admission/Discharge criteria Policy" for Indiana and contains criteria utilized to admit and retain older adults. · As the Terrace area of the community now has the code posted, the existing AL Admission Criteria currently indicates those residents who may be admitted and retained in the AL community. · Any transfer to The Terrace would be discussed with all parties involved, including the physician, responsible party, and resident as indicated, prior to changing resident's location, unless the resident no longer meets admissions criteria. · The community reserves the right to staff some areas of the Assisted Living community at higher levels than others, based on acuity, resident preferences and resident needs. · Per our existing policy, the community may admit and retain a resident who:A). Can exhibit signs of confusion and forgetfulness, and behaviors can be managed through programmatic servicesB). Can exhibit wandering behavior; but if elopement is a risk, behavior must be able to be managed through programmatic servicesC). Has a personal Physician willing to provide on-going medical supervisionD). Does not require 24 hour skilled nursing services for an extended period of timeE). Does not require 24 hour continuous skilled</p>				

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	<p>at the facility.</p> <p>On 4/30/13 at 11:30 A.M., the Administrator provided a copy of an excerpt from the facility's admission packet. She highlighted the part she felt addressed the issue. The information included, but was not limited to, the following:</p> <p>"C. RIGHT OF ENTRY... We reserve the right to relocate you to a more appropriate Suite within the Community as required for your health or safety, or because the residents of a companion Suite are incompatible...."</p> <p>The Administrator indicated the facility had no specific policy or procedure addressing the locked unit or qualifications/criteria needed to move to that unit.</p>				<p>nursing servicesF). Does not require 24 hour comprehensive nursing care or oversightG).Is not experiencing behavior that would be dangerous to self and othersH). Must be considered medically stableI). Does not require restraintsJ). Must be capable of payment for services, in accordance with the Residency AgreementK). Must be free from communicable diseases. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?· The community has an established written policy manual to ensure that resident care and facility objectives are attained. The "Brookdale Senior Living Assisted Living Policy and Procedure Manual" contains the "Admission/Discharge criteria Policy" for Indiana and contains criteria utilized to admit and retain older adults. · As the Terrace area of the community now has the code posted, the existing AL Admission Criteria currently indicates those residents who may be admitted and retained in the AL community. · Any transfer to The Terrace would be discussed with all parties involved, including the physician, responsible party, and resident as indicated, prior to changing resident's location, unless the resident no longer meets admissions criteria. · The</p>		

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				<p>community reserves the right to staff some areas of the Assisted Living community at higher levels than others, based on acuity, resident preferences and needs.</p> <p>· Per our existing policy, the community may admit and retain a resident to any area of the assisted living who:A). Can exhibit signs of confusion and forgetfulness, and behaviors can be managed through programmatic servicesB). Can exhibit wandering behavior; but if elopement is a risk, behavior must be able to be managed through programmatic servicesC). Has a personal Physician willing to provide on-going medical supervisionD). Does not require 24 hour skilled nursing services for an extended period of timeE). Does not require 24 hour continuous skilled nursing servicesF). Does not require 24 hour comprehensive nursing care or oversightG).Is not experiencing behavior that would be dangerous to self and othersH). Must be considered medically stableI). Does not require restraintsJ). Must be capable of payment for services, in accordance with the Residency AgreementK). Must be free from communicable diseases. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?· Nursing staff will be re-educated on the location of the</p>			

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				<p>Assisted Living Policy and Procedure Manual, in the event a resident or family member requests information regarding a written policy.· The Assisted Living Policy and Procedure Manual is also available on-line and, in the event requested, a specific policy may be printed for reference.· The specific "Admission/Discharge Criteria" policy as well as the "Clinical Guidelines for Admission Review Criteria" will be available at each nurse's station for ease of reference. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?· The Executive Director/Health and Wellness Director/Designee will review any move-in assessment and/or transfer request which indicates the potential need for change in resident location-either within the community or to a different care setting, in order to determine the appropriate action necessary.</p>			

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R000214	<p>410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on interview and record review, the facility failed to evaluate the individual needs of 5 of 5 residents reviewed, who were moved from the independent living area of the facility to the locked Terrace unit. (Residents #6, #7, #10, #16, and #21)</p> <p>Findings include:</p> <p>In an interview during the entrance conference on 4/29/13 at 9:45 A.M., the Administrator indicated the Terrace unit was a locked unit, requiring a code be entered into a key pad at all entrances and exits. She indicated the unit was not designated as an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview during the initial orientation tour on 4/29/13 at 10:00 A.M., the Health and Wellness Director indicated 7 of the 21 residents residing on the Terrace unit used wheelchairs for mobility. The other 14 residents were ambulatory.</p>	R000214	<p>Berkshire of Castleton addendum responses for annual survey: 4-30-13</p> <p>Addendum request R 241: Can all residents residing on the Terrace Unit utilize the keypad with the appropriate code to exit the unit? Response: Because not all residents living on the Terrace area are able to manage a keypad for exit, we have decided to unlock the door, allowing access to the remainder of the community.</p> <p>Addendum to R241: How were all the residents assessed to ensure they could exit the unit at will by the use of the keypad? Response: The Personal Service Assessment will be utilized for all residents in the community, as it addresses all physical and cognitive issues related to resident care and services. Because the unit will no longer be locked, no additional assessment will be required.</p> <p>Addendum to R241: For residents residing on the Terrace</p>		05/29/2013		

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	<p>She indicated 3 of the residents could be interviewed, but each had some level of forgetfulness or confusion.</p> <p>In an interview on 4/30/13 at 10:15 A.M., the Administrator indicated residents were moved to the Terrace unit when their level of needs increased, and a change in condition required a higher level of assistance by staff. She indicated the "biggest" change was usually one of developing or increasing incontinence or transferring (in and out of bed, in and out of a wheelchair). The Terrace unit had a higher staffing ratio to be able to provide this assistance.</p> <p>In the interview, the Administrator indicated there was no reason the unit had to be locked--"It's always been locked." As far as she was aware, the unit had never been designated an Alzheimer's/Special Dementia Care unit.</p> <p>In an interview on 4/30/13 at 11:15 A.M., the Administrator indicated she hadn't really thought about the unit being locked, because it had been that way since she was first employed at the facility.</p> <p>The clinical records for 5 of the residents living on the unit indicated</p>		<p>unit who cannot utilize the keypad, have they been assessed for a locked unit with appropriate physician orders, assessment and service plans to reflect this?</p> <p>Response: No additional assessment for a locked unit will be required, because the residents now have access to other areas of the community without having to utilize a code. Physician orders will be obtained for transferring residents to the Terrace, as a higher level of care needs can be met in the smaller environment.</p> <p>Addendum to R241: How often will the residents on The Terrace unit be evaluated on the ability to utilize the keypad and exit the unit at will?</p> <p>Response: No additional assessment for a locked unit will be required, because the residents now have access to other areas of the community without having to utilize a code.</p> <p>R_214 EvaluationWhat corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?· Residents #6, #7, #10, #16, and #21: The Terrace area of the community now has the code posted at the door to allow entrance and egress from the Terrace area into the remainder of the community, to allow intra-community movement at the discretion of the resident.</p>				

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	<p>the following:</p> <p>A. The clinical record for Resident #6 was reviewed on 4/29/13 at 10:50 A.M. The resident was originally admitted to the "independent" area of the facility on 4/19/09. Diagnoses included, but were not limited to, dementia, Parkinson's disease, depression, and benign prostatic hypertrophy (enlarged prostate).</p> <p>The weight log documentation indicated the resident had been in his room on the Terrace unit since at least 4/18/12.</p> <p>An evaluation was not found related to the specific needs that required the resident to live in a locked unit.</p> <p>B. The clinical record for Resident #7 was reviewed on 4/30/13 at 8:30 A.M. The resident and a family member were admitted to the same apartment in the "independent" area of the building on 2/28/13. Diagnoses included, but were not limited to, depression and senile dementia-Alzheimer's type.</p> <p>A nurse's note, dated 3/9/13, indicated the resident was alert and oriented to time, place, and person.</p>		<p>Residents #6, #7, #10, #16 and #21: Personal Service Assessments and Personal Service Plans have been updated by a licensed nurse to include documentation and data correction information regarding the need for these individuals to reside on the Terrace, based on the care needs identified on the assessment. Residents #6, #7, #10, #16, and #21: Physician orders were obtained to reflect their appropriateness to reside on the Terrace area of the community. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? Other residents with the potential to be affected by the alleged deficient practice currently reside on the Terrace. The Terrace area of the community is, by plan, an area where the staffing ratio is higher than the rest of the AL community, and where there is a designated licensed nurse present to provide med administration communicate with the physician on behalf of the resident, certified nursing assistants present to supervise and assist with ADL care and dining needs, as well as Optimum Life Programming available, in order to better meet the physical and cognitive needs of residents who may not function as highly in the larger population</p>				

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	<p>In an interview on 4/30/13 at 10:00 A.M., LPN #1 indicated the resident had been moved to the locked unit on 3/28/13.</p> <p>An evaluation was not found related to the specific needs that required the resident to live in a locked unit.</p> <p>C. The clinical record for Resident #10 was reviewed on 4/30/13 at 9:15 A.M. The resident was originally admitted to the "independent" area of the facility on 2/22/10. Diagnoses included, but was not limited to, coronary heart disease, diabetes, history of urinary tract infections, and cystocele.</p> <p>A nurse's note, dated 1/14/13, indicated "Resident attempting to cook on stove." A note dated 2/11/13 indicated "Call to [family member] to discuss possible move to Terrace...."</p> <p>The resident was moved to the locked unit on 2/22/13.</p> <p>An evaluation was not found related to the specific needs that required the resident to live in a locked unit.</p> <p>D. The clinical record for Resident #16 was reviewed on 4/29/13 at 1:20 P.M. The resident was originally</p>		<p>of this AL community. · This 23 apartment area is available to allow a higher level of success to residents who desire to remain in the assisted living community of their choice and preference, and is not designed to restrain or restrict their ability to visit and participate in activities in any other area of the community. · Note: The entire community is licensed as an Assisted Living community, consisting of 139 total apartments (23 of these licensed AL apartments are on The Terrace), and with a capacity to provided residence to up to 175 individuals. There is no area of this community designated as "independent", as indicated in the survey finding. · While some residents who reside on the Terrace, (as well as other areas of the Assisted Living Community) may be wheelchair-bound, as indicated by the survey findings, additional escort help is available to those who request and/or require this service, and is addressed on their personal service plans. · The Terrace area of the community now has the code posted at the door to allow entrance and egress from the Terrace area into the remainder of the community, to allow intra-community movement at the discretion of the resident. · Personal Service Assessments and Personal Service Plans for all Terrace residents have been updated by a licensed nurse to</p>				

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	<p>admitted to the "independent" area of the facility on 8/27/11. Diagnoses included, but were not limited to, rheumatoid arthritis, osteoporosis, hearing loss, macular degeneration, dysphagia, lumbar scoliosis, bladder spasms, and senile dementia--Alzheimer's type.</p> <p>A Dietary Progress note, dated 11/13/12, indicated "Admit from Manor [the independent living area] to Terrace 8/7/12 with Hospice services."</p> <p>An evaluation was not found related to the specific needs that required the resident to live in a locked unit.</p> <p>E. The clinical record for Resident #21 was reviewed on 4/29/13 at 2:00 P.M. The resident was originally admitted to the "independent" area of the facility on 5/4/12. Diagnoses included, but were not limited to, senile dementia--Alzheimer's type, diabetes, dysphagia, glaucoma, and hearing loss.</p> <p>A nurse's note, dated 11/2/12 indicated "This writer observed resident eloping without his walker going down stairs by his room. He was redirected by writer...." A note dated 11/2/12 indicated "Spoke with</p>		<p>include documentation of their specific needs that are able to be better met by residing on the Terrace area of the AL. · Physician orders were obtained to reflect their appropriateness to reside on the Terrace area of the community. What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur? · Residents will continue to be assessed by the licensed prior to move-in, within 14-30 days of move-in, every 6 months, and with condition change, as per existing policy. · At the time of each assessment, the resident, designated responsible parties, and physician will be notified if there is a potential resident care need which could be better addressed on the Terrace area of the community. · A Collaborative Care meeting will take place twice monthly with members of the interdisciplinary team to review residents for changes in condition, which may warrant a change to the Personal Service Plan, which would include a resident transfer. · In the event a transfer is necessary from one area of the community to another distinct area of the AL community, transfer orders will be obtained from the physician and resident and/or responsible party will be informed of the findings and the need for a change to the Personal Service Plan. · The licensed</p>				

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	<p>[legal representative] regarding probable move to Terrace due to resident increase in confusion and wandering."</p> <p>A note dated 11/6/12 indicated "Transferred to [the apartment number on Terrace was listed]."</p> <p>An evaluation was not found related to the specific needs that required the resident to live in a locked unit.</p> <p>During the daily conference on 4/30/13 at 10:15 A.M., the Administrator and Health and Wellness Director were given the opportunity to submit any documentation related to an evaluation of the specific needs of Residents #6, #7, #10, #16, and #21 to be moved to a locked unit.</p> <p>In an interview on 4/30/13 at 1:00 P.M., the Health and Wellness Director indicated there would not be any specific information related to the move to the locked unit because the facility had not previously considered it an issue. They were more focused on the unit as being one to provide a higher level of assistance within the parameters of a Residential-licensed unit.</p>		<p>nurse will be responsible for completion of the appropriate transfer paperwork for intra-community transfers and any necessary notifications. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? The Executive Director, and other members of the interdisciplinary team, will meet twice monthly in an ongoing manner to review residents for changes in condition and to determine the most appropriate interventions to the Personal Service Plan to meet the needs of the individual resident.</p>				

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on record review and interview, the facility failed to include all pertinent information needed to provide care in the service plans for 2 of 9 residents reviewed for service plans. (Resident # 102 and Resident #107)</p>	R000217	<p>R_217 Evaluation What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>·Resident 102: Personal Service Plan has been updated by the Health and Wellness Director to include the interventions currently in place to</p>		05/29/2013		

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	<p>Findings include:</p> <p>1. Record review for resident # 102 was completed on 4/30/13 at 1:10 p.m. Diagnoses included, but were not limited to, diabetes type II, memory loss, and depression with psychotic features.</p> <p>The resident also had two admissions into a stress center related to her depression. The admission note dated 9/20/12 indicated, "...referred for admission from her assisted living facility due to increasing withdrawal and inactivity. The patient appeared increasingly depressed and not leaving her apartment and was not coming out for meals...after the reduction of Clonazepam, she noted significant improvement in alertness and anxiety and insomnia appeared to remain well managed...In discussion with her assisted living facility it was recommended that the patient would need an increased level of support related to her cognitive decline..."</p> <p>The nurses notes for 3/1/13 at 9:50 a.m. indicated, "Resident had choking episode in MDR [main dining room] @ [at] 9:15 AM Resident stated she had choked on orange juice...noted audible 'girgle'[sic] sound on</p>				<p>address resident's symptoms of anxiety and depression. These interventions include Life Enrichment Programming and utilization of the Optimal Life Evaluation form to develop resident-specific interventions and on-going monitoring recommendations by the physician.</p> <p>· Resident 107: Resident's Self-administration of Medications Evaluation has been updated to reflect resident's inability to continue to self-administer medications. The Personal Service Plan has been updated to include nursing's provision of med administration.</p> <p>How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken?</p> <p>· Residents who self-administer medications will be reviewed by the Health and Wellness Director/Designee to ensure the current evaluation in the clinical record is accurate.</p> <p>· The Collaborative Care meeting and Morning meeting will be utilized as a tool to document discussion regarding resident's continued medication safety and ability, based on observations of the team.</p> <p>· In the event a resident is no longer evaluated as able to safely self-administer medications, a care conference will occur with</p>		

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	<p>inspiration [sign for and] expiration...."</p> <p>A physician visit note dated 3/8/13 indicated, "...Plan: Dysphagia-Has had two choking episodes on 3/1 and 3/3, the second of which requiring ER [Emergency room] visit and removal of an esophageal foreign body. Pt. [patient] placed on soft mechanical diet. Needs Speech Therapy evaluation...."</p> <p>The service plan in the chart was dated 10/7/12 and indicated for nutrition, "...Meal portion: Regular No known food allergies. Comments Able to self monitor carb intake...." The service plan was not updated to include potential for choking or her new mechanical soft diet. The service plan also indicated, "Resident takes antipsychotic or benzodiazepine medications. Be alert for expressions of pain and pain behaviors. Be alert to drowsiness due to antipsychotic or benzodiazepine medications. Be alert to dry mouth. Conduct periodic review of psychotropic medications. Be alert to changes in appetite, Be alert to medication related fall risk due to antipsychotic or benzodiazepine medications... Resident has Depression. Chronic Conditions may impact a resident's activities of daily living. Refer to other sections of the</p>		<p>resident and responsible party involvement to discuss the need for change.</p> <ul style="list-style-type: none"> The Personal Service Plan will then be updated as soon as the responsible party can be notified of the change in Personal Service fees related to such a change. Nurses will be re-educated by the Health and Wellness Nurse on completion of the Self-administration evaluation form and notification requirements for making a change in the Personal Service Plan. <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> The Health and Wellness Director/Designee will receive a copy of order changes, in order to complete updates to the Personal Service Plan on a timely basis. Those changes which do not affect pricing, may be hand-written on the existing Personal Service Plans and/or Care Profiles currently in use at the community. <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <ul style="list-style-type: none"> The Health and Wellness Director/Designee will keep an 				

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	<p>service plan for further direction...Forgetful and confused from time to time...."</p> <p>The service plan indicated no support or assistance resident received for her depression and anxiety.</p> <p>2. Record review for Resident #107 was completed on 4/29/13 at 1 p.m. Diagnoses included, but were not limited to, lymphoma, depression, renal insufficiency, diabetes type II and high blood pressure.</p> <p>The service plan for Resident #107 dated 10/7/12 indicated, "...Resident self-manages their medications including self-administering, ordering, coordinating and safe storage...."</p> <p>In an interview with the Health and Wellness Director on 4/29/13 at 10:30 a.m., she indicated she was unsure of the current status of Resident #107 regarding if staff gives medications or if he takes them independently. She also provided a list of residents that were interviewable and Resident #107 was on the list.</p> <p>The clinical record under assessments included a document titled, "Self-Administration of Medications Review" dated 1/29/13.</p>		<p>updated list of all residents who self-administer medications.</p> <ul style="list-style-type: none"> The Self-Administration form will be updated by a nurse upon move-in, every 6 months and with significant condition change ongoing. Any changes required, based on new or updated evaluations, will be communicated to the Health and Wellness Director/Designee in order to have the Personal Service Plan updated. 				

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	<p>The assessment indicated the resident was capable of taking his own medications.</p> <p>The Medication Administration Record for February 2013 indicated the staff had been giving the medications to Resident #107.</p> <p>In an interview with Resident #107 on 4/30/13 at 10:15 a.m., the resident indicated he did not know what his medications were, what they were for and that he cannot currently do his medications on his own and needs staff to help give him his medicaitons.</p> <p>In an interview with the Health and Wellness Director on 4/30/13 at 2 p.m., she indicated they would normally update a service plan to include changes like that of Resident #102 and Resident #107, but the residents were due now for a semi-annual and she was currently working on them. She also indicated the staff had been assisting Resident #107 for a while now due to his confusion with when to take pain medications.</p>						

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R000349	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to have correct documentation related to the transfer of a resident for 1 of 2 residents reviewed for transfer documentation. (Resident #136)</p> <p>Findings include:</p> <p>Record review for Resident #136 was completed on 4/29/13 at 11 a.m. Diagnoses included, but were not limited to, depression, macular degeneration, and congestive heart failure.</p> <p>Resident #136 was discharged to the hospital on 1/29/13 and the resident died at the hospital.</p> <p>A document titled "Notice of Transfer or Discharge" was dated 5/12/12 and indicated, "...The transfer or discharge is necessary to meet the resident's welfare and the resident's</p>	R000349	<p>R_349 Clinical Records What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? ·Res #136: The clinical record for this resident was amended by the Health and Wellness Director to include the proper transfer date. The discharge summary for the closed record was amended by the Health and Wellness Director to include the appropriate disposition location for the resident. The amended record will be co-signed by the Executive Director. How will the facility identify other residents with the potential to be affected by the same alleged deficient practice and what corrective action will be taken? ·Transfer and Discharge records for the past 30 days were reviewed for compliance by the Health and Wellness Director / Designee. ·Nurses responsible for resident transfers and discharge documentation were provided</p>		05/29/2013		

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	<p>needs cannot be met at the facility...."</p> <p>Another document with the facility corporation name on it, titled "Resident Transfer/Discharge" also dated 5/12/12, indicated, "....Resident sent out due to change in mental status...."</p> <p>A document titled, "Discharge Summary" dated 1/29/13, indicated the resident's move out date was 1/29/13. The summary indicated, "...the resident was discharged to a funeral home and the discharge was due to death, list cause if known: subdural hematoma...." The form was signed and dated 2/3/13 by the Assistant Health and Wellness Director.</p> <p>In an interview with the Health and Wellness Director on 4/29/13 at 3 p.m., she indicated the resident had been sent out several times in the last few months due to her age and complications. She believed due to the urgency in getting the resident to the hospital, the nurse may have copied an old transfer form due to not having access to one. She indicated whoever completed documentation for Resident #102's record did not catch the error.</p>		<p>re-education by the Health and Wellness Director/Designee on the proper procedure for copying of the emergency packet and transfer documentation requirements.</p> <p>What measures will be put in place or what systemic changes will the facility make to ensure the alleged deficient practice does not recur?</p> <ul style="list-style-type: none"> ·All clinical records were updated to include blank emergency transfer forms. ·Emergency packets are available for copying prior to any transfer. ·Additional blank forms were made available to all shifts at each wellness center and a nurse designee will be responsible for auditing the supply of forms weekly. <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place?</p> <ul style="list-style-type: none"> ·The Health and Wellness Director / Assistant Health and Wellness Director/Designee will be responsible for reviewing the clinical record of all transfers and discharges within 48 hours of the event to audit for compliance with dates and location/disposition of resident. ·The Health and Wellness Director/Assistant Health and Wellness Director /Designees will be solely responsible for completion of the Discharge 				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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					Summery for the closed record. ·The Executive Director will review audit results and will make further recommendations based on any issues identified by subsequent audits.		